



# Purchase Voucher

Agency: 529  
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01102741

Payee Name / Address:

TEXAS PREGNANCY CARE NETWORK  
1101 S CAPITAL OF TEXAS HWY  
STE K250  
WEST LAKE HILLS, TX 78730-5115

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1760802397/8/000

Freight Amount: \$0.00  
Gross Amount (includes Frt.): \$762,500.00  
Discount Amt Taken: \$0.00  
Payment Amount: **\$762,500.00**

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	AMOUNT			
1	0000091754	S		TPCN 12.11	ALTERNATIVES TO ABORTION TEXAS	\$762,500.00			
<u>ShipTo ID</u>				<u>Non-HHSAS Cntrct ID</u>					
2010									
<u>Contract #</u>				<u>Wkfc</u>	<u>Org PmtDt</u>	<u>IC</u>			
529-16-0004-00001				N					
				<u>RC</u>					
				Invoice DT: 06/22/16		Req'd Pay DT:			
				Inv Recv'd DT: 06/20/16		Pay Due DT: 07/30/16			
				Service DT: 06/30/16		P O DT:			
	<u>Account</u>	<u>Entry Event</u>	<u>Fund</u>	<u>Dept.</u>	<u>Program</u>	<u>Class</u>	<u>Budget Ref</u>	<u>Pri/Grant</u>	<u>Amount</u>
1.1	725300		0001	716	5016	03138	2016	TANF100F	\$762,500.00
Open Item Key:				Conf:N				Certified Amt: 0.00	

Descriptive Legal Text (DLT Comments):

DOS: 06/2016

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

JUL 26 2016

06/23/2016

Approved By

Approver Phone(Area+Number)

Date Approved

Date Entered into HHSAS

Gonzalez, Maria Gina (ONL UID)

Approved By

Approver Phone(Area+Number)

Date Approved

Entered By

Contact Name

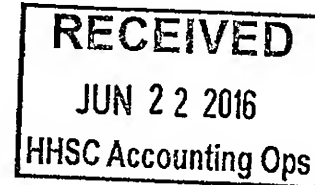
Contact Phone(Area+Number)

# 01102741

# Contract Vendor Invoice Payment Request



HHSC Office of Social Services  
Community Access & Services



Alternatives to Abortion-Texas Pregnancy  
Care Network

The attached invoice is approved for payment.

Invoice Date:	6/22/16		
Invoice Number:	TPCN 12.11		
Dept. ID/Speedchart:	716		
Object Code:	725300		
Contract Number:	529-16-0004-000001		
Contract Name:	Texas Pregnancy Care Network		
TIN:	1760802397		
Mail Code:			
Purchase Order Number:	52900-6-0000091754		
Month of Service:	July 2016	Amount:	\$ 762,500.00
Month of Service:		Amount:	
Month of Service:		Amount:	

Invoice Received Date:	6/20/16
Payment Due On or Before:	August 1, 2016

Total Amount:	\$762,500.00
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CONTACT		DATE
Preparer's Name:	Andrea Costley	6/22/2016
Preparer's Phone:	512-206-5624	

FINANCIAL MANAGER		DATE
Beth Zahn	BETH ZAHN	6/27/2016

SIGN-OFF		DATE
Agency Contact/Preparer's Signature:		6/22/16

mo 6/23/16



## Texas Pregnancy Care Network (TPCN)

## INVOICE

**Billing Office:**

Texas Pregnancy Care Network (TPCN)  
1101 S. Capital of Texas Highway  
Building K, Suite 250  
Austin, TX 78746

**Billing Address:**

Andrea Costley  
Texas Health and Human Services Commission  
909 W. 45<sup>th</sup> Street  
Building 555, MC 2010  
Austin, TX 78751

**Remittance Address:**

Texas Pregnancy Care Network  
1101 S. Capital of Texas Highway  
Building K, Suite 250  
Austin, TX 78746

**Taxpayer ID No. 76-0802397**

Amounts due may be remitted  
by Electronic Funds

**To: Business Bank of Texas, N.A.**

1910 W. Braker Ln  
Building 3, Suite 100  
Austin, TX 78758

**Routing No. 114925615**

**Account:**

Texas Pregnancy Care Network  
1005126

**Invoice Number: TPCN-12.11**

**Invoice Date: June 20, 2016**

**Due Date: July 31, 2016**

**For Professional Services Rendered:****RE:**

**Contract Number: 529-16-0004**

TPCN is submitting this invoice according to the terms of Section 1.06 of the Amended Agreement between TPCN and HHSC executed on or about May 24, 2016 (attached).

**Payment 12.11: Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services**

**Due Date: July 31, 2016**

**\$762,500.00**

**Amount Due**

**\$762,500.00**

1101 S CAPITAL OF TEXAS HIGHWAY BLDG K SUITE 250 AUSTIN, TEXAS 78746  
TEL: 512-637-7011 • FAX: 512-637-7012 • WWW.TEXASPREGNANCY.ORG

UTC. Specifically, and without limitation, TPCN will perform in accordance with the specifications contained in Sections 1.16, and 2 of the RFP, this Section VII and TPCN's Proposal as modified and clarified.

#### VIII. BUDGET AND INVOICING

The total amount of this Contract will not exceed \$11,437,500 (\$2,287,500 in fiscal year 2016 and \$9,150,000 in fiscal year 2017). All expenditures on this Contract will be actual costs that derive from services provided and related expenses that are eligible for reimbursement under this Contract in accordance with federal and state laws; Code of Federal Regulations (C.F.R.) Title 2, Subtitle A, Chapter II-Part 200; TPCN's Budget, Budget Narrative/Budget Justification ("Budget Pages"), and Plan of Operations. TPCN will submit an invoice along with the Program Report to the Contract Representative identified in Section X, in a manner acceptable to HHSC, by the twentieth day after the last day of each month in which services were provided. Upon HHSC request, TPCN will provide any additional information to the degree of detail necessary to resolve any review, examination, inquiry or audit by HHSC or any other responsible authority.

If TPCN provides services under multiple contracts, it must maintain an accounting system that separates expenditures by contract to ensure appropriate expense allocation and contract billing (i.e. fund accounting). Payments of invoices by HHSC under this Contract will be made in accordance with Chapter 2251 of the Texas Government Code, using the following schedule:

Payment No.	Description	Due Date	Amount
12.10	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	June 30, 2016	\$762,500.00
<del>12.11</del>	<del>Project Admin, Statewide Information, Outreach, Education &amp; Referral Programs &amp; Services and Client Services</del>	<del>July 31, 2016</del>	<del>\$762,500.00</del>
12.12	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	August 31, 2016	\$762,500.00
13.1	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	September 30, 2016	\$762,500.00
13.2	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	October 31, 2016	\$762,500.00
13.3	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	November 30, 2016	\$762,500.00

# Health & Human Services Commission

## Purchase Order CHANGE ORDER

Dispatch via Print

Payment Terms Net 30	Freight Terms FOB Dest. Prepaid & All	Ship Via BEST WAY	Purchase Order 52900-6-0000091754
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Date 06/01/2016
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1 - 06/07/2016
			Page 1
			Ship To: Community Service Administration HEALTH & HUMAN SERVICES COMMISSION 909 W 45th St PO Box 12668 Austin TX 78751 United States

Vendor: 1760802397  
TEXAS PREGNANCY CARE NETWORK  
1101 S CAPITAL OF TEXAS HWY  
STE K250  
WEST LAKE HILLS TX 78730-5115

Bill To: Health & Human Services Commission  
Mail Code: 3500  
4900 N. Lamar Blvd, 5th Floor  
Austin TX 78751  
United States

Purchaser: Longoria, Melinda (PCS)

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	PO Price	Extended Amt	Due Date
1- 1	Fulfill the terms of contract number 529-16-0004-00001 from dates 06/01/2016 through 08/31/2016	962-58	1.00 LOT	2,287,500.00000	2,287,500.00	06/08/2016

Schedule Total 2,287,500.00

Contract ID: 529-16-0004-00001

Contract Line: 0

Release: 1

Item Total for Line 1 2,287,500.00

Total PO Amount 2,287,500.00

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

06/01/2016 10:00:00